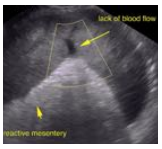

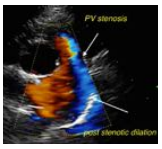

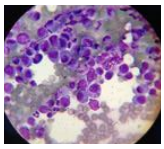
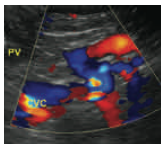

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PATIENT

Peanut Bailey

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered male

AGE

9 years

WEIGHT

64 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

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95435

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PRESENTING CLINICAL SIGNS

Sraining to defecate for past 5 months, with increased frequency and "ribbon-like" stool. Painful on rectal exam in 9/2021, unable to thoroughly palpate. Progressively getting worse. FNA done of mass, fat on FNA x 3.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 7-8/9, multiple lipomas (some large). Rectal exam while sedated: compression on intra-pelvic colon from R side, external to colon, moderately soft (painful on palpation). ALT 185, Ca 12.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.59 cm. The right kidney measured 6.27 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.67 cm at the caudal pole and 0.62 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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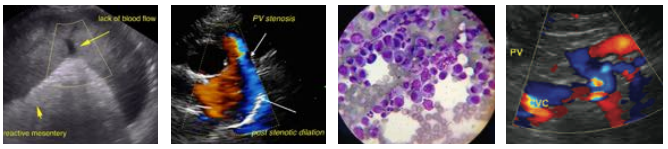

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Hard stool was noted in the colon. The colonic wall appeared normal. No obstructive or overt infiltrative disease was noted. The colorectum appeared slightly thickened and measured 0.5 cm. However, this is likely related to straining. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

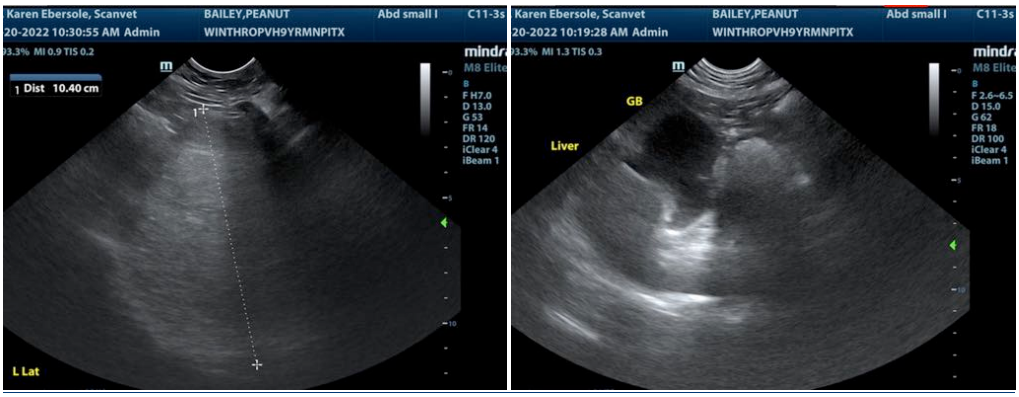
An intraabdominal lipoma was noted and measured 10.0 + cm. The pelvic lipoma appeared to deviate the descending colon and urinary tract. This appears to fairly well organized and is most consistent with lipoma. However, liposarcoma cannot be entirely ruled out. A large amount of pelvic and caudal abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Caudal abdominal/pelvic lipoma with mass effect upon the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of obstructive neoplasia other than the lipomatous mass. CT evaluation would be ideal for surgical planning. However, debulking or complete removal if possible of the pelvic lipoma is recommended. The surgeon should be prepared to be work deep into the pelvic inlet for full removal. There is a minor potential for full removal. There is a minor potential for liposarcoma. High enema and treatment for colitis can be considered in the meantime.



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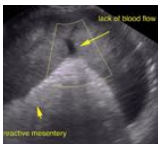
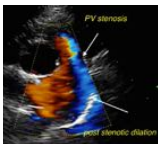
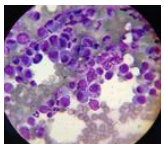
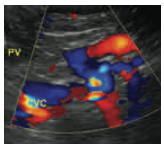

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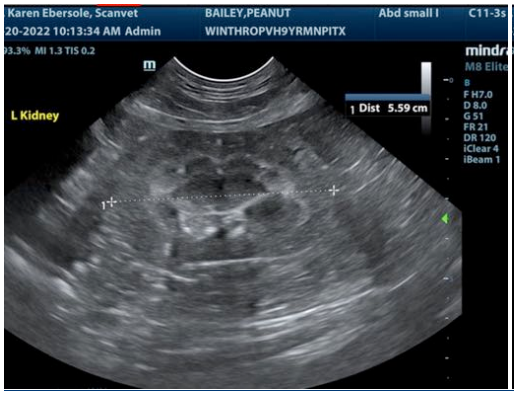

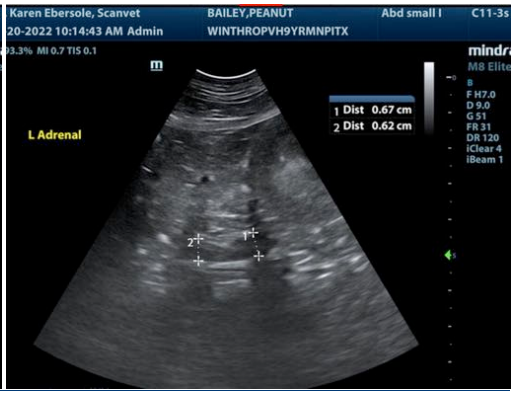

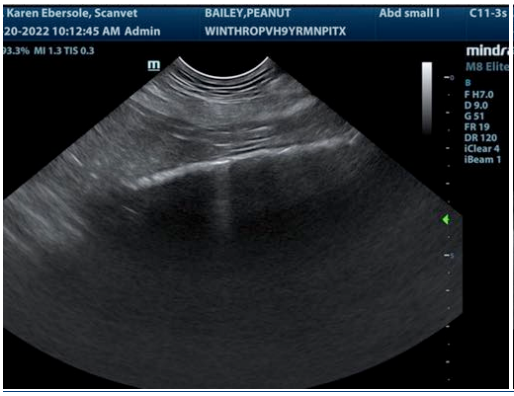

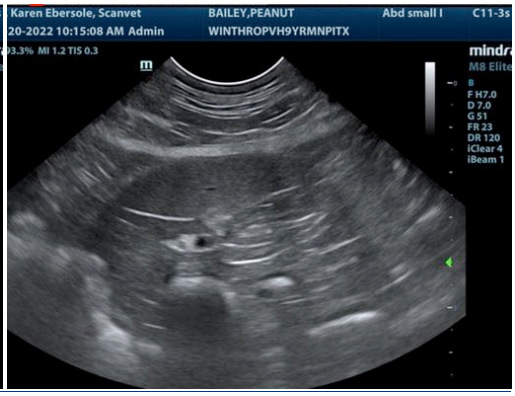

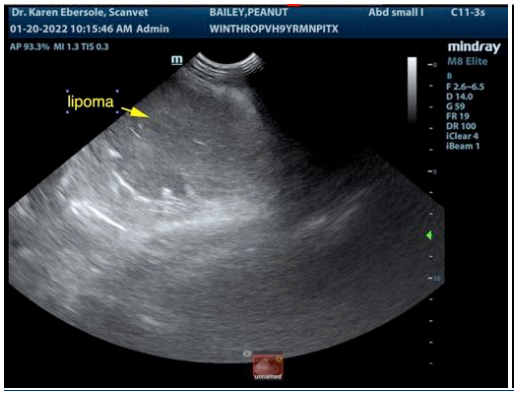

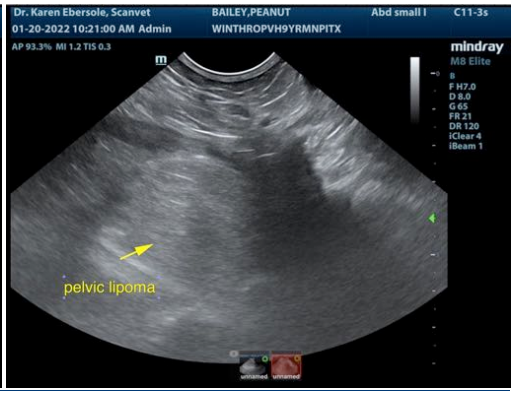

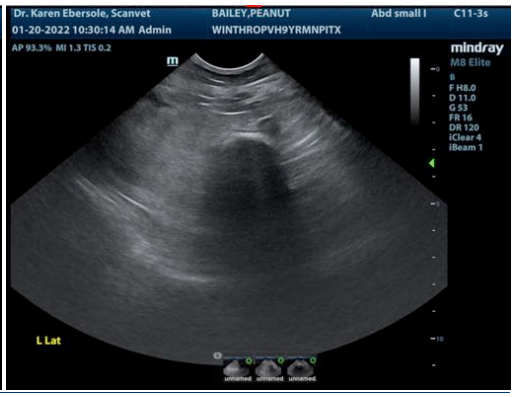

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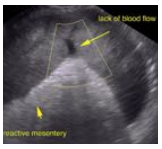

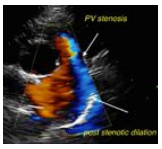

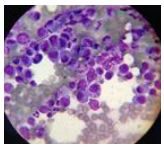
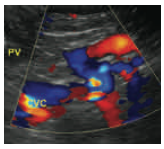

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com